



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	K M		4/3
O.I.P.E. CLASSIFIER		10	4-27-01
FORMALITY REVIEW		57	5/4/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

APPLICATION

APPLICANTS

TITLE

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WARNING:
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Form PTO-435A
 (Rev. 5/99)

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
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If more than 150 claims or 10 actions
 staple additional sheet here